

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002925

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 282 Primary Registration District No. 3055 Registrar's No. 11

STATE FILE NUMBER

FILED FEB 8 1963

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Bolivar</u>		c. CITY OR TOWN <u>Bolivar</u>	
Length of stay in 1b <u>5 yrs</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>died in the home</u>		d. STREET ADDRESS (If outside, give location) <u></u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED First Anna Middle R. Last Jopalis 4. DATE OF DEATH Month Feb. Day 1 Year 19635. SEX Female 6. COLOR OR RACE White 7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐ 8. DATE OF BIRTH 11/13/1896 9. AGE (last birthday) 6610a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nursing 10b. KIND OF BUSINESS OR INDUSTRY Retired nurse 11. BIRTHPLACE (City and state or country) Chicago, Illinois 12. CITIZEN OF WHAT COUNTRY U.S.A.13a. FATHER'S NAME Milton Kenneth Parks 13b. MOTHER'S MAIDEN NAME Eva May Jackson 14. NAME OF HUSBAND OR WIFE deceased15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. 16. SOCIAL SECURITY NO. 17. INFORMANT Anna Jopalis Address Pre-arranged funeral18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY... IMMEDIATE CAUSE (a) Coronary occlusion 2 daysConditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary sclerosis 10 yrs.DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Rapid ulcerPART III. If deceased was female was there a pregnancy in last 90 days ☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)20c. TIME OF INJURY Hour Month, Day, Year 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION Bolivar COUNTY Mo. STATE Mo.21. I attended the deceased from May '59 to Feb. 1963 and last saw her alive on February 1963Death occurred at 2:00 A.M. on the date stated above, and to the best of my knowledge, from the cause stated.22a. SIGNATURE A. H. Burnett (Degree or title) 22b. ADDRESS Bolivar Mo. 22c. DATE SIGNED 2-4-6323a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 2-4-1963 23c. NAME OF CEMETERY OR CREMATORY Carbondale Cemetery 23d. LOCATION (City, town, or county) Carbondale, Illinois (State) 24. FUNERAL DIRECTOR Sidney J. Pitts-Bolivar, Mo. ADDRESS 25. DATE RECD. BY LOCAL REG. Feb. 6, 1963 26. REGISTRAR'S SIGNATURE Ralph Gordon per Jewell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 19 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Richard J. Pitts

Licensed Embalmer No.

24939

P. O. Address

Bo. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued Feb. 2, 1963 J. H.